

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	IC NO.	DATE
FEE DETERMINATION	RH		
O.I.P.E. CLASSIFIER		8	7/17/01
FORMALITY REVIEW	CH	1119	08-22-01
RESPONSE FORMALITY REVIEW	CH	1110	10-16-01

INDEX OF CLAIMS

- ✓ Rejected
- = Allowed
- (Through numeral)... Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Final	Original	Date
1	✓	✓	8-23-01
2	✓	✓	8-24-01
3	✓	✓	8-24-01
4	✓	✓	8-24-01
5	✓	✓	8-24-01
6	✓	✓	8-24-01
7	✓	✓	8-24-01
8	✓	✓	8-24-01
9	✓	✓	8-24-01
10	✓	✓	8-24-01
11	✓	✓	8-24-01
12	✓	✓	8-24-01
13	✓	✓	8-24-01
14	✓	✓	8-24-01
15	✓	✓	8-24-01
16	✓	✓	8-24-01
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20	✓	✓	8-24-01
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25	✓	✓	8-24-01
26	✓	✓	8-24-01
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28	✓	✓	8-24-01
29	✓	✓	8-24-01
30	✓	✓	8-24-01
31	✓	✓	8-24-01
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47	✓	✓	8-24-01
48	✓	✓	8-24-01
49	✓	✓	8-24-01
50	✓	✓	8-24-01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

10/11/01
10/11/01
10/11/01